



# Quick Guide to

# INFORMED CONSENT & REFUSAL

during hospital birth

The most important right you have in your healthcare is that of informed consent and refusal. It is based on the concept that you have autonomy over your body and in your healthcare - including when you are pregnant. You own your body!

Informed consent means you fully understand and freely choose what happens to you in your healthcare, based on thorough discussion of the risks, benefits, and options. Refusal means you have the right to say "No" at any time.

## YOUR CARE PROVIDER SHOULD:

- ▼ DISCUSS WITH YOU
  - ▼ Your individual health circumstances
  - ▼ Risks and potential benefits of the treatment they recommend
  - ▼ Alternatives of that treatment, with their risks and potential benefits
  - ▼ Options of doing nothing or waiting
  - ▼ Any questions you may have
- ▼ Get your CONSENT ("Yes") before doing anything, or
- ▼ Respect your REFUSAL ("No") if you decline any intervention

## REMEMBER:

Refusal of medical treatment is a basic right that has been strongly upheld by U.S. courts. The right to say "no" (refusal) is what gives your "yes" (consent) its power. National policy for obstetricians says that just like other patients, pregnant people have "the right to refuse treatment, even treatment required to maintain life."

*See "Refusal of Medically Recommended Treatment in Pregnancy," American College of Obstetricians & Gynecologists Committee on Ethics, June 2016*

**You may change your mind and revoke consent at any time. No one has the right to touch you without your permission. You own your body.**

# BE AN EMPOWERED CONSUMER!

## *Communication* in the Hospital

Even the most informed parents may find an unfamiliar medical setting intimidating. Some people report “freezing up” when faced with a decision or pressure from care providers. To help you prepare, here are some suggestions for communication in the hospital.

**Practice, practice, practice.** Make a plan about communicating and collaborating in the birth room, and practice by role-playing with your doula, if you have one, and partner or support person. There are many ways to say, “No, thank you,” respectfully and politely. Practice saying “No,” “What other options are there?” and “Please give us some time to discuss and decide,” in a way that feels good to you and your partner. Practice what you and your partner will say in different possible scenarios. A partner who is empowered to use their voice can be a very effective advocate for the birthing person.

**Set the tone with love and humanity.** Immediately set up a rapport with your care team with a basket of snacks or chocolates. Introduce yourself to and make a human connection with every person who enters the room. Make it clear that you are on the same team, and you give respect and expect it.

### Try this:

No, thank you! (Say this in every possible combination there is!)

Thank you. Could my partner and I have a minute or two alone to discuss our options?

I promise I’m not trying to make your job difficult, but is there any way we could \_\_\_\_\_?

Thank you so much! We just need a little bit of time to talk.

Thanks again for your help--we are happy to sign a waiver that we’ve declined that procedure.

My partner is scared and I don’t want them to be upset. What can we do?

My wife really needs some help right now. Can you help us?

### If the situation is becoming urgent, or you are not being heard:

We’d like to see that policy in writing, please.

I do not consent./She does not consent.

Please do not touch me/her. (Only the laboring person has the right to accept to or refuse treatment, but the partner may help by affirming their wishes.)

Please ask the patient advocate/liaison/chaplain to join us for this conversation.

Please document in the medical record that you intend to force me/my partner to have an intervention I have/she has declined.

Please notify your legal department immediately about this situation.

Cut and tape to the back  
of your or your partner's  
drivers license or phone



B - What are the Benefits?  
R - What are the Risks?  
A - What are the Alternatives?  
N - What if we do Nothing?  
D - Discuss and Decide

## Hospital Policy

**What is "policy"?** Doctors, midwives, and nurses are often caught between what is best for individual patients and what their hospitals or employers have set as “policy” for all laboring patients. The majority of birthing people will encounter such policies, which are often influenced by non-healthcare professionals like lawyers and insurers. Policies may vary greatly by facility and provider. Research shows that many routine U.S. policies in U.S. are contrary to current evidence about what is safest for the typical low-risk person. These policies are sometimes conveyed as “you must” or “you are not allowed,” implying that the patient has a duty to obey the care provider or hospital.

**Who has the right?** In reality, care providers (with rare exceptions) do not have the legal authority to enforce policies on their patients. Pregnant people have the same rights as all U.S. citizens, including the right of informed consent and to refuse medical treatment. Essentially, these rights mean that patients have the right to full information about any treatment, procedure, or medication being recommended, full information about its alternatives, and the right to make a free choice. This includes, importantly, the right to say “No”--a right strongly upheld by U.S. courts and ethical standards for obstetricians and other healthcare professionals. Traditionally, however, these rights have not always been fully recognized in maternity care settings.

### Examples of Common Non-Evidence Based Policies

“You must progress 1 cm an hour.” *Almost 1 in 2 women receives medication to accelerate labor.*

“You may not eat or drink in labor.” *6 in 10 women are not permitted food or drink.*

“You must have continuous electronic fetal monitoring.” *9 in 10 women have this kind of monitoring.*

“You may not get out of bed.” *3 out of 4 women are restricted to bed.*

“You must lie on your back while pushing.” *9 in 10 women give birth in back-lying or semi-sitting positions.*

*See EvidenceBasedBirth.com for current evidence summaries.*

### What do I do with this information?

The person receiving care should understand that it is their right and her responsibility to say “No,” “Not now,” or “I’d like something else.” Their team can support them in finding their voice and affirming their wishes.

Preparation is key: Be educated and informed about routine policies, and the specific policies that exist at the hospital you have chosen, to get a feel for the environment you will be entering. (A local doula is a great resource for this.) Talk to your care provider well ahead of time about your plans and enlist his or her support. You might ask your provider to help by signing off on your birth plan (this may help you negotiate with hospital staff) and/or calling in orders to the hospital before she or he arrives to support you.

Birth partner as advocate: Even with a doula, birth partners have a special role in advocating for the person giving birth. A birth partner who is in full support of the birthing person, and is empowered to use his or her voice, can be an incredibly effective advocate.

Practice, Practice, Practice: Make a plan about communicating and collaborating in the birth room, and, if you have a doula and/or birth partner, practice by role-playing with them. There are many ways to say, “No, thank you,” respectfully and politely. Practice saying “No,” “What other options are there?” and “Please give us some time to discuss and decide,” in a way that feels good to you and your partner. Practice what you and your partner will say when you are receiving pressure to comply with a policy you don’t believe is best for you and your baby, or to make a decision for which you don’t have enough information.

Know that it might not be easy: There may be a lot of pressure to comply with policy. Maintain a collaborative approach as much as possible, understanding that even if what you are asking for is evidence-based and within your rights, staff may be unfamiliar with other practices and unaware of your rights. A great resource to prepare yourself and your partner is the book *Mastering Respectful Confrontation* by Joe Weston.